

P19000074482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



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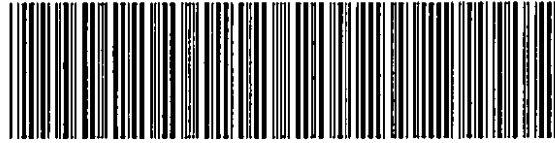
(Business Entity Name)

(Document Number)

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2019 OCT -3 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 OCT -3 AM 11:39

OCT 01 2019

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** NeoMotors Corp

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee.  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Alex Pina  
\_\_\_\_\_  
Name (Printed or typed)  
  
8400 NW 36th St Ste 450  
\_\_\_\_\_  
Address  
  
Doral, FL 33166  
\_\_\_\_\_  
City, State & Zip  
  
844.941.1120  
\_\_\_\_\_  
Daytime Telephone number  
  
client@alexpina.co  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: NeoMotors Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7286 NW 54th ST

Miami, FL 33166

Mailing address, if different is:  
7286 NW 54th ST

Miami, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and All Lawful Purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Nehomar E Soto Ferrebus - Director

Address 7286 NW 54th ST

Miami, FL 33166

Name and Title: Lianilu J Gutierrez de Soto - Director

Address: 7286 NW 54th ST

Miami, FL 33166

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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2019 OCT -3 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Alex Pina co. \_\_\_\_\_

Address: 8400 Nw 36th St Ste 450 \_\_\_\_\_

Doral, FL 33166 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Lianilu Gutierrez Soto \_\_\_\_\_

Address: 7286 NW 54th ST \_\_\_\_\_

Miami, FL 33166 \_\_\_\_\_

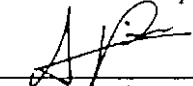
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

10/03/2019

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



\_\_\_\_\_  
Required Signature/Incorporator

10/03/2019

\_\_\_\_\_  
Date